Name in Full

Certificate of Death

Joseph Beeche

Died at Town Bear Congress County Knights P.G. Co. MARYLAND

Date 1904 Month May Day 3 | Age Y. 22 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name James R. Beeche

Mother's Name Susie Beeche

Cause of Death: Primary Phthisis Pulmonalis | How long sick 1 1/2 mos.

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by T. S. Mundell M.D.

Address Bear Corner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Susan Bell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Northkeys — County: Pr Geo

Date of death 1904: Month: May — Day: 23 — Age: Years: 42 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: P.G. Co Md

Married, Single or Widowed: Single — Occupation: Housewife

Name of Wife or Husband:

Father's Name: George Bell — Father's Birthplace:

Mother's Maiden Name: Isabella " — Mother's Birthplace:

Name of person giving information: Webster H Bell — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Several Years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident? Suicide?

LIBRARY BUREAU A88616

Name in Full: Pinkney Beck Jr

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Forestville — County: Prince George

Date of death 1904 — Month: May — Day: 12 — Years: Age 6 — Months: 2 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: widower — Occupation: Farming

Name of Wife or Husband: —

Father's Name: John Beck — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Kate Beck Bruce — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Grippe — How long: 6 weeks

Immediate: Valvular Heart Trouble — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? —

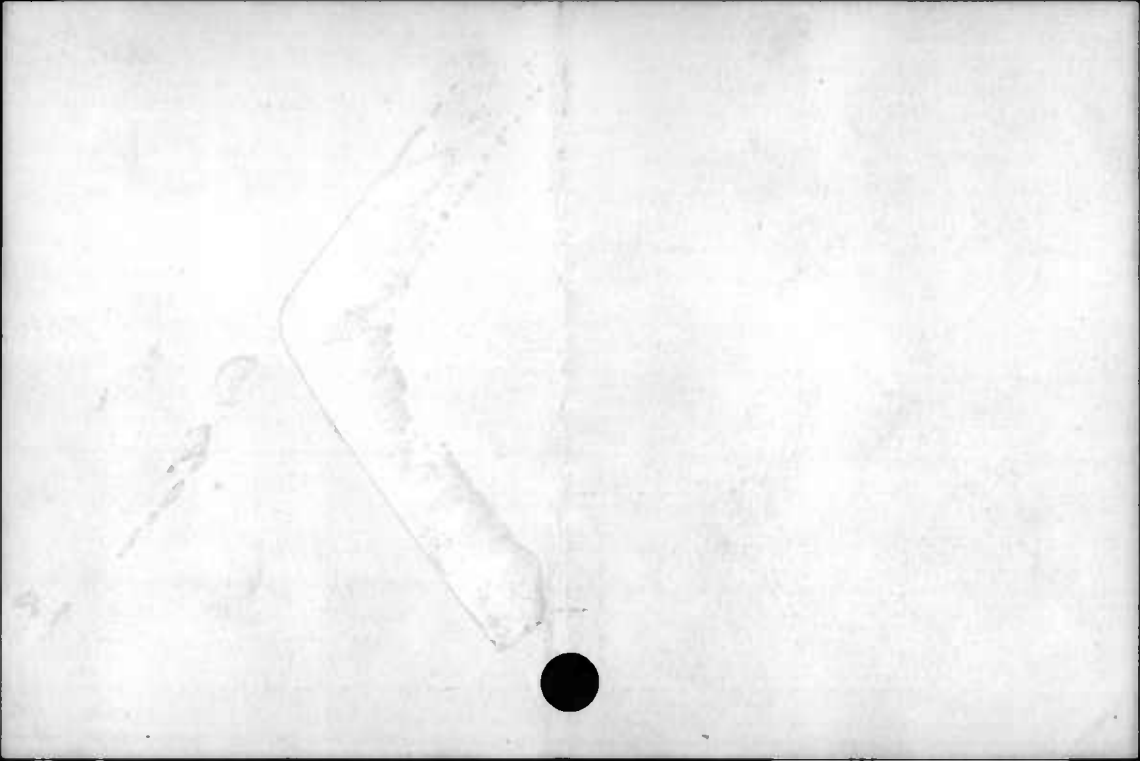
Signature of Physician: John E Bausley

Address: Forestville Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A36516



Name in Full Allie Burroughs

Certificate of Death

Died at Town Near 2.B. County Pr. Geo's. MARYLAND

Date 1904 Month 5 Day 16 | Age Y. M. D. | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | Divorced | Number of children living X

Husband of
Wife

Father's Name James Burroughs | Mother's Maiden Name Susie Boyd

Cause of Death: Primary Pulmonary Tuberculosis | How long sick 8 mos

Immediate Asthenia | ~~Accident, Suicide, Homicide~~

Reported by John A Cox M.D.

Address 2.B.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister. Md C

LIBRARY BUREAU, 79884

Name in Full: William Albert Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cross Station — County: Pr Geo

Date of death 190 4: Month: May — Day: 2 — Years: Age 33 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Chas Co

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Rosie Robinson

Father's Name: Miley Butler — Father's Birthplace: Chas Co

Mother's Maiden Name: Jane Proctor — Mother's Birthplace:

Name of person giving information: Henry T Butler — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 9 2

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Gibbons

Address: Cross md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Emily Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mitchellsville; County: Prince George

Date of death: Month: May; Day: 31; 1904; Age: Years: 70; Months; Days

Sex: Female; Color or Race: African; Birthplace: Mitchellsville

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Davy Carroll

Father's Name: Henry Johnson; Father's Birthplace: Prince George

Mother's Maiden Name: Eliza Harrison; Mother's Birthplace: " "

Name of person giving Information: Nathaniel Carroll; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart; How long: Year or more

Immediate: Dropsy; How long: Several Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Reed M.D.

Address: Mitchellsville Md

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: James R. Dean

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Open Fiel — County: B. Co.

Date of death 1904: Month: May — Day: 26 — Age: Years: 3-6 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation: Farmer — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchopneumonia — How long: 3 days

Immediate: Cerebral Paralysis — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. A. Watson,

Address: Annesta, D. C.

Copied from D. C. Book 1904

Accident or Suicide?

LIBRARY BUREAU A68518

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Maud Helen Diggs

Died at: Town: Croom County: P.G.

Date of death 1904: Month: May Day: 30 Age: Years: 14 Months: Days:

Sex: Female Color or Race: Colored Birthplace: P.G. Co

Married, Single or Widowed: Single Occupation: none

Name of Wife or Husband:

Father's Name: Robert Diggs Father's Birthplace: Md

Mother's Maiden Name: Eliza Adams Mother's Birthplace: Md

Name of person giving information: Robert Diggs How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Eclampsia How long: 11 hours

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident or Sulcide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A39516

Name in Full —

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Hurlock — County: Prince George's

Date of death 1904: Month 8 — Day 27 — Age: Years — Months — — Days 6

Sex: Female — Color or Race: White — Birthplace: Hurlock

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Maurice Earle — Father's Birthplace: New York

Mother's Maiden Name: Palm Murphy — Mother's Birthplace: Charles Co

Name of person giving information: Maurice Earle — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Not known, Dead when reported — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry Kelly M.D.

Address: Hurlock Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Pearl Talley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Riverdale — County: Prince George — MARYLAND

Date of death: 1904 — Month: May — Day: 30

Age: Years: 26 — Months — Days

Sex: Female — Color or Race: white — Birthplace: Washington D.C.

Occupation: Housewife — Where Residing if not at place of death: Washington D. C.

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Daniel C. Talley.

Father's Name: Louis C. Mallby. — Father's Birthplace: Dayton Ohio.

Mother's Maiden Name: Jane E. Mallby — Mother's Birthplace: Atlantic Ocean.

Name of person giving In formation: Mary B. Thompson. — How related to deceased: Sister.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis. — How long: 3 Years.

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm. C. Gilliam.

Address: Riverdale, Maryland.

Accident or Sulcide?

LIBRARY BUREAU A69816

Name in Full: Bradford Fitzhugh

CERTIFICATE OF DEATH

MARYLAND

Died at Chillum — County: Prince Geo.

Date of death	Month	Day	Years	Months	Days
1904	May	8	Age 31	—	—

Sex: male — Color or Race: colored — Birthplace: Va.

Occupation: Farm Hand — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: married — Name of Wife or Husband: Bell Williams

Father's Name: Beverly Fitzhugh — Father's Birthplace: Va

Mother's Maiden Name: Rose Jackson — Mother's Birthplace: Va

Name of person giving Information: John Grayson — How related to deceased: brother in law

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. B. Beesley

Address

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: Sarah E. Gleason

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Childs County: Pines Grange

Date of death 1904: Month: May Day: 24

Age: Years: 63 Months: 6 Days: 29

Sex: F Color or Race: W Birthplace: Mass

Married, ~~Single~~ or Widowed Occupation:

Name of Wife or Husband: Jas. H. Gleason

Father's Name: Sanford Mason Father's Birthplace: Mass

Mother's Maiden Name: Emeline Mason Mother's Birthplace: Mass

Name of person giving information: Jas H. Gleason How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart How long: 2 yrs

Immediate: Cerebral hemorrhage How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alfred T. Carson, M.D.

Address: Takoma Park, Md.

Accident or Suicide? No

LIBRARY BUREAU A66316

washington

Name in Full: James Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie; County: Prince George's

Date of death 1904: Month: May; Day: 20

Age: Years: 97; Months; Days

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Married, Single or Widowed: Married

Occupation: Laborer

Name of Wife or ~~Husband~~: Louise Gray

Father's Name: Alfred Gray

Father's Birthplace: Maryland

Mother's Maiden Name: Dont Know

Mother's Birthplace: Dont Know

Name of person giving In formation: Wm Hall

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Consumption

How long: 4 months

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Nelson A Ryon M D

Address: Bowie Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A38518

Name in Full: Andrew Hagerty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ammendale; County: Prince Geo

Date of death 1904: Month: May; Day: 16; Age: Years: 3; Months: 3; Days: 11

Sex: Male; Color or Race: White; Birthplace: Pennsylvania

Occupation: Teacher.; Where Residing if not at place of death: Ammendale

Married, Single or ~~Widowed~~; Name of Wife or Husband:

Father's Name: ~~Dont Know~~ James Hagerty; Father's Birthplace: Dont Know

Mother's Maiden Name: Ann Barr; Mother's Birthplace: Dont Know

Name of person giving Imformation: Bro Clementine; How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis; How long: about all my

Immediate: Cheral debility + Weakness; How long: about six Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address: 6 a St Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: Edward Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie; County: P. G.

Date of death: Month: May; Day: 24; 1904

Age: Years: 22; Months: —; Days: —

Sex: Male

Color or Race: Colored

Birthplace: P. G. Co. Md.

Occupation: Railroad Hand

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Harrison

Father's Birthplace: P. G. Co. Md.

Mother's Maiden Name: Sarah Turner

Mother's Birthplace: P. G. Co. Md.

Name of person giving Information: J. F. Butler

How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever

How long? Three weeks

Immediate: Collapse from Hemorrhage of bowels.

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. McDowall M.D.

Address: Springfield Md.

Accident or Suicide? —

LIBRARY BUREAU A86316

Name in Full: Geo. W. Hatton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Prescott — County: Pr. Geo.

Date of death 1907: Month: April — Day: 16 — Age: Years: 67 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Minister — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — Father's Birthplace: Md.

Mother's Maiden Name: — Mother's Birthplace: Md.

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer — How long: 9 mos.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Correct from D. C.

Signature of Physician: C. M. Chapman

Address: 513 - 3rd St. N.W., Wash., D. C.

Accident or Suicide? Natural

PHYSICIAN OR CORONER

LIBRARY BUREAU A66016

Name in Full: Franklin Eli Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Keys — County: Pr Geos Co

Date of death: 1904 — Month: 5 — Day: 25 — Age: Years — Months: 2 — Days: 2

Sex: Male — Color or Race: Colored — Birthplace: P.G. Co Md

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Samuel H Hawkins — Father's Birthplace: Md

Mother's Maiden Name: Eliza E Diggs — Mother's Birthplace: Md.

Name of person giving information: Samuel H Hawkins — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholorra Infantum — How long: 24 hrs.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Aguirre Cor.

Address: Brandywine Md

Accident or Suicide? N

LIBRARY BUREAU A88616

Name in Full: John Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Simms Title — County: Prince George

Date of death: Month: May — Day: 22 — 1904

Age: Years: 70 — Months: — Days: —

Sex: male — Color or Race: Black — Birthplace: A. D. C. Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Matilda Hawkins

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral [illegible] — How long:

Immediate: Mr — How long:

Are the name, age, sex, color, date and place correctly given above? Mr

Signature of Physician: Arthur, Corr

Address:

Accident or Suicide?

LIBRARY BUREAU A83618

Name in Full: Selma Morgan Hobson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Laurel — County:

Date of death	Month	Day	Years	Months	Days
1904	May	6	Age 2	6	1

Sex: Female — Color or Race: Black — Birthplace: Laurel Md

Occupation: infant — Where Residing if not at place of death: in Laurel

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James E. Hobson — Father's Birthplace: Howard Co

Mother's Maiden Name: Sarah Hobson — Mother's Birthplace: Elizabeth Town

Name of person giving Information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: "Grippe" — How long: Three Weeks

Immediate: Membranous Croup — How long: Ten Days

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Jno Bromwell.

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88816

3 2mm Ribbon 450

2000
450
1550
1100
4450
1500

Name in Full: Louisa Stopper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Ingleside — County: Pr. Geo's

Date of death: Month: May — Day: 1 — 190 4

Age: Years: 45 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Washington D.C.

Occupation: Housewife — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband

Father's Name — Father's Birthplace: Germany

Mother's Maiden Name — Mother's Birthplace: Germany

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever. — How long: 3 weeks

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. A. Wells,

Address: Ingleside.

Copied from D.C. blank

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Still born child [illegible]

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Collington — County: Prince George

Date of death 190 4: Month: May — Day: 11 — Age: Years: — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Albert Johnson — Father's Birthplace: Maryland

Mother's Maiden Name: Maria Snowden — Mother's Birthplace: "

Name of person giving In formetion: Albert Johnson — How related to deceased: Father

CAUSES OF DEATH

Primary: — S. — How long: —

Immediete: — — How long: —

PHYSICIAN OR CORONER

Are the name, ege, sex, color, dete and plece correctly given ebove? Yes

Signature of Physician: A. R. Walker M. D.

Address: Mitchellville, md.

Accident or Sulcide? —

LIBRARY BUREAU A28516

Name in Full

Certificate of Death

Edmund Johnson

Town

Clinton

County

Died at

MARYLAND

Date 1904	Month	Day	Y.	M.	D.	Native of	Occupation
	May	12th	Age 29			Md	Laborer

~~Male~~ / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of

Wife

Father's Name Charles Johnson

Mother's Maiden Name Mc Knowden

Cause of Death — Primary: Diabetes Insipidus & Nephritis

Immediate

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by J. L. Craig

Address Clinton.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Henrietta Allaire Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel — County: Prince George

Date of death 1904 — Month: May — Day: 9th — Age: Years: 43 — Months: 10 — Days: 28

Sex: Female — Color or Race: white — Birthplace: New York

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Wm C. Jones

Father's Name: Alexander Allaire — Father's Birthplace: New York

Mother's Maiden Name: Frances H. Allaire — Mother's Birthplace:

Name of person giving Information: May Allaire — How related to deceased: sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Interstitial Nephritis — Duration:

Bright's disease

Immediate: Convulsions — How long: about three days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. H. Syndey

Address: Laurel Md

Accident or Suicide?

PHYSICIAN OR CORONER

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LIBRARY BUREAU A66516

Name in Full: Alberta Kindle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Pr. Geo.

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: May — Day: 20 — Age — Years: — Months: 3 months — Days: 2

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace: Md. Spring

Mother's Maiden Name: — Mother's Birthplace: Md.

Name of person giving Information: — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Copied from D.C. Clerk

Signature of Physician: L. Stewart Harrison

Address: 313 Monroe St., Anacosta, D.C.

Accident or Suicide? Natural

LIBRARY BUREAU A69516

Name in Full: Alice F. Mc Donald

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: College Park — County: P. Geo Co

Date of death: Month: May — Day: 28 — 1904

Age: Years: — Months: Seven — Days: —

Sex: Female — Color or Race: White — Birthplace: College Park Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Henry B Mc Donald — Father's Birthplace: Penn

Mother's Maiden Name: Julia B Magruder — Mother's Birthplace: Md

Name of person giving Information: Chas Miller — How related to deceased: Physician

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: five days

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Miller

Address: Hyattsville Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Lewis C. Mann

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Washington D.C. County: Prince Geo's Co. Md.

Date of death 1904: Month: May; Day: 27; Age: Years: 64; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: —

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: recopied 93; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —; How long: —

Immediate: Pneumonia; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Marshall Reed

Address: —

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: George T Mangum

CERTIFICATE OF DEATH

MARYLAND

Died at Davisville — Township — P. G. County

Date of death 1904 — Month 5 — Day 8 — Years Age 2 — Months — Days

Sex Male — Color or Race White — Birthplace P G Co

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name H. E. Mangum — Father's Birthplace P G Co

Mother's Maiden Name Mary Bodwell — Mother's Birthplace " " "

Name of person giving Imformation H E Mangum — How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Don't know dont — How long

Immediate The children Dies — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. L. Griffith

Address "

Accident or Suicide? I

army office

LIBRARY BUREAU A6851S

Name in Full: Wm H Mangum

CERTIFICATE OF DEATH

MARYLAND

Died at: Nutting-town (Town) Pr Ges (County)

Date of death 1904: Month: May; Day: 5th

Age: Years | Months | Days

Sex: Male

Color or Race: White

Birthplace

Married, Single or Widowed: Married

Occupation: Farming

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights Disease

How long

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W H Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU 488818

Name in Full: Henry Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel Md — County: Prince Geo. Co

Date of death 190X: Month: May — Day: 26 — Years: Age 80. 8 Months — Months: 10 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Oldham England

Occupation: Taxidermist — Where Residing if not at place of death:

Married, Single or Widowed: yes — Name of Wife or Husband: Mary Marshall

Father's Name: Geo Marshall — Father's Birthplace: Oldham England

Mother's Maiden Name: Nancy Smithers — Mother's Birthplace: " "

Name of person giving Information: Geo Marshall — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

64

CAUSES OF DEATH

Primary: Hemoplegia (Paralysis) — How long: 2½ Years Ago

Immediate: General Failure of Vital Forces — How long: 12 Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno Cronmiller M D

Address: Laurel Pr Geo Co

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Samuel E. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brentwood; County: P. G.

Date of death: Month: May; Day: 2; 1904

Age: Years: 33; Months: 4; Days: 20

Sex: Male

Color or Race: White

Birthplace: N. J.

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Samuel E. Miller

Father's Birthplace: N. J.

Mother's Maiden Name: Martina Gregory

Mother's Birthplace: N. J.

Name of person giving Information: Mother

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever

How long: 10½ weeks

Immediate: Inanition

How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John S. Dorsey

Address: 20 St & R. I. Ave N. E. Washington D. C.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: James Edgar Milstead

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brightseat; County: (Pr. Geo.)

Date of death: Month: 5; Day: 7; 1904

Age: Years: 65; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Va

Occupation: Merchant

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Sarah V. Milstead

Father's Name: Noah Milstead

Father's Birthplace: Va

Mother's Maiden Name: Sarah Davis

Mother's Birthplace: Va

Name of person giving information: Allen Baldwin

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Pneumonia — How long: 12 hrs.

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Sansbury

Address: Forestville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU ABBOTT

Name in Full: Howard O. Neal

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Prince Georgis

Date of death 1904: Month: May; Day: 20; Years: Age 22; Months: 6; Days: —

Sex: Male; Color or Race: white; Birthplace: Balto. Md

Occupation: Saloon-Keeper; Where Residing if not at place of death: —

Married, Single or Widowed: Single; ~~Name of Wife or Husband~~

Father's Name: John F. Neal; Father's Birthplace: Md

Mother's Maiden Name: Kate Bast; Mother's Birthplace: Md

Name of person giving Information: J. F. Neal; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 2 yrs.

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Taylor

Address: Laurel Md.

~~Accident~~ or Suicide?

LIBRARY BUREAU A88316

Name in Full: Sarah Reynolds

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Halls — County: Prince George

Date of death 1904 — Month: May — Day: 31 — Age: Years 75, Months 3, Days —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband: —

Father's Name: Jeremiah Wells — Father's Birthplace: Maryland

Mother's Maiden Name: Nancy Carter — Mother's Birthplace: "

Name of person giving information: Connie Arnold — How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Brights Disease — How long: Unknown.

Immediate: Cardiac lesions — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Walker M. D.

Address: Mitchellville, Md.

Accident or Suicide? —

LIBRARY BUREAU A38516

Name in Full: Estelle Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crown Sta — County: Pr Ges

Date of death 1904	Month	Day	Years	Months	Days
	May	8	Age 19		

Sex: Female — Color or Race: Yellow — Birthplace: Pr Ges Co

Married, Single or Widowed: widow — Occupation:

Name of Wife or Husband:

Father's Name: Alexander Crockson — Father's Birthplace: Md

Mother's Maiden Name: Margaret Newman — Mother's Birthplace: Md

Name of person giving In formation: Lewis Griffith — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Stomach Poison — How long: 4 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gibbons

Address: Crown Md

Accident or Suicide?

PHYSICIAN OR CORONER

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LIBRARY BUREAU A88818

Name in Full: Jane Rebecca Robison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Laurel County: Prince Geo

Date of death: Month: May Day: 28 1904

Age: Years: 66 Months: 7 Days: —

Sex: Female Color or Race: White Birthplace: Howard Co

Occupation: Farm Hand Where Residing if not at place of death: near Laurel

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: yes Husband: Aquilla Robison

Father's Name: Joshua D Brooks Father's Birthplace:

Mother's Maiden Name: Ann Stone Mother's Birthplace:

Name of person giving information: Wallis Robison How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis 91 How long: 3 yrs

Immediate: Indigestion How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Watts Beverly

Address: Laurel Maryland

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full: Adelaide Cole Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Riverdale — County: Pr. Geo.

Date of death 1907 — Month: May — Day: 9

Age — Years: 31 — Months: 1 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Washington D.C.

Occupation: —

Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married

Name of Wife or Husband: Richard Thomas Smith

Father's Name: G. L. Sinn

Father's Birthplace: Maryland

Mother's Maiden Name: Mary A. King

Mother's Birthplace: Virginia

Name of person giving information: Mrs Flod Harmon

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phlegmasia Alba Dolens — How long: 6 weeks

Immediate: Embolism — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G. Richards

Address: Hyattsville Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Infant of Friend & Martha Sommerburg

CERTIFICATE OF DEATH

MARYLAND

Died at: Bladensburg (Town) — Prince Geo (County)

Date of death: 1904 — Month: May — Day: 7 — Age: Years / Months / Days

Sex: Female — Color or Race: White — Birthplace: Blad[illegible]

Occupation: — — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Theador Sommerburg — Father's Birthplace: Germany

Mother's Maiden Name: Martha Bluandenburg S. — Mother's Birthplace: Germany

Name of person giving information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long:

Immediate: Weak compensation — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W J Pyatt

Address: Hyattsville Md

Accident or Suicide:

LIBRARY BUREAU A33516

Name in Full

Certificate of Death

Wm Robert Sheridan

Died at Town: Hyattsville County: Prince George's MARYLAND

Date 1904 Month: May Day: 20 | Age Y.: 77 M.: D.: | Native of D. C. | Occupation at Home

Male ~~Female~~ | White ~~Colored~~ | Married Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living 4

Husband / Wife of Sarah Ann Sheridan

Father's Name | Mother's Name Mrs F

Cause of Death — Primary: Senility — How long sick 4 months

Immediate: Acute Diarrhoea — Accident, Suicide, Homicide

Reported by W R Pagett

Address Hyattsville MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mary Jane Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Londonway County: Pr Geo

Date of death: Month: 5 Day: 20 1904

Age: Years Months Days

Sex: Female Color or Race Birthplace

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia. How long

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm G. Williams M.D.

Address

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Julia Washington

Died at: Town: Duley County: P.G.

Date of death 1904: Month: May Day: 17 Age: Years: 15 Months: Days:

Sex: Female Color or Race: Colored Birthplace: Md

Married, Single or Widowed: Single Occupation: None

Name of Wife or Husband:

Father's Name: Jeff Washington Father's Birthplace: Md

Mother's Maiden Name: Mariah Jackson Mother's Birthplace: "

Name of person giving information: Jane Washington How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis How long: Several Years

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. T. Gibbons

Address: Croom Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name in Full: Chas H. White

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Seat Pleasant — County: Prince Geo.

Date of death 1904 — Month: May — Day: 28 — Age — Years: 26 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: David White — Father's Birthplace: Va

Mother's Maiden Name: Augusta Harris — Mother's Birthplace: Md

Name of person giving In formation: David White — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate: Asthenia — How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. L. Savage

Address: Bunning D. C.

Accident or Suicide? No.

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LIBRARY BUREAU Aa8616

BL-PERSAUNG

Name in Full: Julia Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Marlboro — County: Pr. Geo. Co

Date of death: Month: May — Day: 3 — Years: Age 21 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Calvert Co. Md

Occupation: Cook — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Erasmus Williams — Father's Birthplace: Calvert Co

Mother's Maiden Name: — — Mother's Birthplace: Calvert Co

Name of person giving Information: Margaret Williams — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 1 Yrs

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Griffith

Address: Upper Marlboro Md

Accident or Suicide? —

LIBRARY BUREAU

Name in Full: John Charles North

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ardwick | County: Prince Georges

Date of death: May 14th 1904 | Month: May | Day: 14th | Age: Years 55 | Months 1 | Days 5

Sex: Male | Color or Race: White | Birthplace: Chester Co. Pa.

Occupation: Engineman | Where Residing if not at place of death: Newark, Del.

Married, Single or Widowed: Married | Name of Wife ~~or Husband~~: Anna M. North

Father's Name: Jonathan North | Father's Birthplace: Chester Co. Pa.

Mother's Maiden Name: Mary Louise Walton | Mother's Birthplace: Chester Co. Pa.

Name of person giving Information: David G. Rose | How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary | How long

Immediate | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Carr Coroner

Address: Hyattsville Md

Accident or Suicide? Accident

LIBRARY BUREAU A88818

Name in Full: Ralph Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockawalkin — County: Prince Geo

Date of death 1904: Month: May — Day: 4 — Age: Years: 63 — Months: 8 — Days:

Sex: Male — Color or Race: Colored — Birth place: Dugon Conn Md Co

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Rachel Carroll

Father's Name: Thomas Young — Father's Birthplace: Md

Mother's Maiden Name: Rachel Tilman — Mother's Birthplace: "

Name of person giving In formation: Richard Young — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights disease — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. H. Gibbons M D

Address: Crum Pr Geo Co Md

Accident or Sulcide?

LIBRARY BUREAU ARBEIT